

P110000016478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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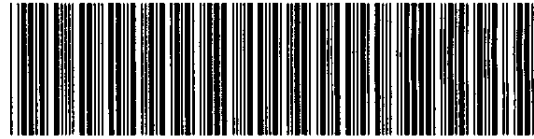
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Wittneben Insurance, Inc.

DOCUMENT NUMBER: P11000016478

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kurt Wittneben
Name of Contact Person
Wittneben Insurance, Inc.
Firm/ Company
9000 NW 44th Street, Suite 211
Address
Sunrise, FL 33351
City/ State and Zip Code
kurt@wittinsure.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kurt Wittneben at (954) 747-1515
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|--|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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Wittneben Insurance, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P11000016478

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

9000 NW 44th Street

Suite 211

Sunrise, FL 33351

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>V</u>	<u>Deborah Wittneben</u>	<u>1660 NE 38th Street</u>
<input checked="" type="checkbox"/> Add			<u>Oakland Park, FL 33334</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

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provisions for implementing the amendment if not contained in the amendment itself:

[illegible]

Wittneben Insurance, Inc.
d/b/a Witt Financial Services, Inc.
Articles of Incorporation - Amendment
Document Number: P11000016478

Amendment Date – October 28, 2016

Additional Article - SUCCESSION PLANNING

In the event of death or permanent incapacity of Kurt Wittneben, President, all authority to act on behalf of Wittneben Insurance, Inc. and Kurt Wittneben will transfer immediately to Deborah Wittneben, Vice President.

That authority is all encompassing for the business matters of Wittneben Insurance, Inc. including the potential sale of the economic book of business of Wittneben Insurance, Inc. with Allstate Insurance Company as governed under the Allstate 3001C Exclusive Agency Agreement. Additionally, that authority extends to the potential sale of the economic book of business of Wittneben Insurance, Inc. that are non-Allstate related policies (Expanded Markets).

That authority also extends to all banking and financial accounts of Wittneben Insurance, Inc.

☒ The Additional Article and amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

Signature: _____

Kurt Wittneben, President

Dated: _____

Witness: _____

Agnes Rivera-Legrand, Customer Service Representative

Dated: _____

The date of each amendment(s) adoption: October 28, 2016

date this document was signed.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
Other than the

Effective date if applicable: October 28, 2016

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(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

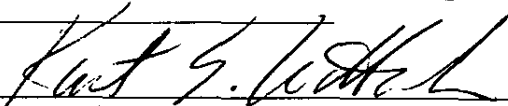
by _____."
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated October 28, 2016

Signature


(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Kurt Wittneben

(Typed or printed name of person signing)

President

(Title of person signing)